

Calvary United Methodist Church 15 Ridge Place, Latham, NY 12110

Michelle Hykin, Director - Rev. Andrew Sperry, Pastor

ar-Long Program for students aged 2 by September 1								
Mondays, September 9 - June 9, 10:30am-12pm	\$750 annually or \$75 per month							
Fridays, September 13 - June 13, 10:30am-12pm	\$750 annually or \$75 per month							
Mondays and Fridays, September 9 - June 13, 10:30am-12pm	\$1400 annually or \$140 per month							

Class Sizes not to exceed 10 students, with 2 teachers in the room.

Program Goals

Our intention with the 2-year old program is to introduce children to a school setting. We will read books, sing songs, complete craft projects, play with friends, and much more. The books and songs will help us understand ourselves, our friends, and the world around us. Our projects will focus on fine motor and gross motor skills. We will learn how to get along with others and follow directions. Each class will be based on a theme and you will be provided with suggested books activities to continue the learning at-home.

Diaper Changes

We ask that you make every attempt to drop your child off in a clean diaper. While we will change diapers when necessary, we plan to use the short time we have together for playing, learning, and making friends. There will not be a specific time set aside for diaper changes as in a traditional daycare setting.

Parent Handbook

You will receive a parent handbook detailing our program and policies. Included in the handbook will be our preschool calendar for the year. For the most part, we follow the North Colonie School District's calendar, including holidays, vacations and teacher conference/superintendent days, and weather-related school closings. We sometimes alter vacations, but they will be noted on our calendar. Our school will never be listed as closed due to weather on TV or radio, but rather look for North Colonie to be closed or delayed, or for a message in your email or app.

Registration Packet

In addition to the parent handbook, you will also receive a registration packet with forms which will need to be completed and returned at our Back to School event or before the first day of school.

Registration Fee

We require a registration fee of \$50 to secure your child's place in the classroom. Your child is not considered registered until this fee is received, along with the registration form. The registration fee is non-refundable.

Tuition Payments

Our tuition is based on an annual tuition rate. You will have 2 options in paying your annual tuition.

- Monthly, electronically through Brightwheel
- In full, electronically on Brightwheel

If you choose to make monthly payments, please note that all tuition payments are invoiced and paid through Brightwheel, our communication app, by the 1st of the month. Cash and checks cannot be accepted as tuition payment.

Please Note: Tuition payments are required regardless of illness, vacations or other personal reasons for absence, as stated and agreed upon in the tuition contract.



Calvary United Methodist Church 15 Ridge Place, Latham, NY 12210

Kari Planz, Director, Rev. Andrew Sperry, Pastor

2 Year-Old Program Registration Form				Tod	Today's Date:						
	Mondays, September 9 - June 9, 10:30am-12pm (MUST BE 2 BY S					SEPT. 1)			\$750 total or \$75/month		
	Fridays, September 13 - June 13, 10:30am-12pm (MUST BE 2 BY SEPT. 1)							\$750 total or \$75/month			
	Mondays and Fridays, September 9 - June 13, 10:30am-12pm (MUST BY 2 BY SEPT. 1)							\$1400 annually or \$140 per month			
Child's Full Name:					Date of Birth:						
Name child prefers to be called:					MALE / FEMALE (circle one)						
Address:											
Parent/Guardian Name:											
Address (if different from child's):											
Occupation:				Home Phone:							
Employed By:				Office Phone:							
Work Address:				Work Hours:							
E-Mai	il Address:			Cell Phone:							
Marita	Marital Status (circle one) MARRIED DIV			ORCED	SEPARATED WIDOW			ΞD	SINGLE	OTHER	
Paren	nt/Guardian Name:	-			-						
Address (if different from child's):											
Occupation:				Home Phone:							
Employed By:				Office Phone:							
Work Address:				Work Hours:							
E-Mail Address:				Cell Phone:							
Marita	al Status (circle one) MA	RRIED	DIVC	ORCED	SEPAR	ATED	WIDOWE	ΕD	SINGLE	OTHER	
Pleas	e indicate any allergies your chil	has:									
Please indicate any custody arrangements we need to know about if your child does not live in the same home with both parents:											
Please indicate siblings' names and ages:											
Please indicate any information you feel would be helpful to us in caring for your child (i.e: divorce, recent trauma, special needs, recent move, etc.) Use back if necessary:]											
If new to Calvary, how did you hear about us?											
OFFICE USE ONLY											
Regis	gistration form received on \$100 Registration Fee Received Brightwheel Account Set Up								Up		